



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

MAR 03 2025

BY

1. Entity ID Number 65026		2. Exact name of the Corporation Nursing Foundation of Rhode Island			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To foster nursing through student scholarships and research grants to promote the health of people in Rhode Island.			
4. NAICS Code 813211					
6. Principal Office Address 62 Lippitt Street			City Warwick	State RI	Zip 02906
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Amy Nield BS RN CHPN			Vice-President Name Lori Kasher DNP RN CPNP		
Street Address 62 Lippitt Street			Street Address 180 Sessions Street		
City Warwick	State RI	Zip 02889	City Providence	State RI	Zip 02906
Secretary Name Helen McGovern MSN RN			Treasurer Name Mary Louise Palm MS RN		
Street Address 17 Miles Avenue			Street Address 116 Linden Drive		
City Cranston	State RI	Zip 02920	City Kingston	State RI	Zip 02881
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Elizabeth M. Bloom PhD RN			Director Name Joanne Costello PhD MPH RN		
Street Address 27 Mettatuxet Rd			Street Address 75 Bayberry Lane		
City Narragansett	State RI	Zip 02882	City East Greenwich	State RI	Zip 02818
Director Name Lillian Sparven RN			Director Name Desirae Hays DNP APRN CNP		
Street Address 87 Scenery Lane			Street Address 2 Old Richmond Townhouse RD		
City Johnston	State RI	Zip 09914	City Carolina	State RI	Zip 02812
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative Mary Louise Palm					Date 2/26/2025
Signature of Officer/Authorized Representative <i>Mary Louise Palm</i>					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

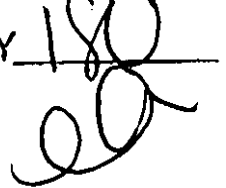
Website: www.sos.ri.gov

Nursing Foundation of Rhode Island
Entity ID Number 65026
Additional Directors – 2025

FILED

MAR 03 2025

BY

A handwritten signature in black ink, appearing to be 'J. Dugas', written over a horizontal line.

Joan Dugas PhD, RN

49 George Schaefer Street, Peace Dale, RI 02979

Helen McGovern, MSN, RN

17 Miles Avenue, Cranston, RI 02812

Margaret S. Mock PHD, RN, ANP-C

23 Kelton Street, Rehoboth, MA 02769